

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8		2					58				
9	1						59				
10		1					60				
11							61				
12							62				
13							63				
14							64				
15							65				
16		2					66				
17	1						67				
18		1					68				
19							69				
20							70				
21							71				
22							72				
23							73				
24		2					74				
25		1					75				
26							76				
27		1					77				
28							78				
29		1					79				
30		1					80				
31							81				
32			1				82				
33							83				
34			1				84				
35			1				85				
36							86				
37			1				87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.	24	→		→		→	TOTAL DEP.	→		→	→
TOTAL CLAIMS	20						TOTAL CLAIMS				